





## Arm Gaiter Order Form Made-to-measure

All fields are required in order to process your order

Order Details	Patient Details
Date:	Patient Reference No.:
Order No.:	First Name:
Contact Name:	Surname:
Contact Phone No.:	Date of Birth:
Email:	PLEASE NOTE: Gaiters are non-returnable.
Hospital/Clinic:	Please ensure accurate measurements as we
Delivery Address:	are unable to make alterations.
Post Code:	One Garment Per Form
Specifications	
Arm: Left Right	
	A Extension
Style: KNS08 Extension KNS08F Flexion*	
* Please indicate degree of flexion required:	ig ig
Please note: Flexion gaiters are supplied with 2 flexion steels	Flexion
Circumference (cm)	Angle of Flexion
A Proximal circumference	
B Distal circumference	
Length Measurements (cm)	
C Proximal end to elbow joint (Measure Posterior surface)	
D Distal end to elbow joint (Measure Posterior surface)	A /
G Total length of extension gaiter (Measure Medial Border)	
Fabrics	B
Bumblebee Camouflage Dinosaurs	
Hearts & Flowers Mint Butterflies Rainbow Unicorns	
Urban Camo Denim Claret	C
Black	Flexion
Lining: Cotton Towelling & Foam Padded (chargeable)	D